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525-227-335

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 109

Place of Birth* Globe
CityGila
County

Local Registrar's No.*

SEX OF CHILD	DATE OF BIRTH*
F	Feb. 27, 1914
	(Month) (Day) (Year)

FULL NAME	FATHER
Otto Richard Kehn	

FULL MAIDEN NAME	MOTHER
Louise Liedke	

I HEREBY CERTIFY that the child described herein has been named

Verna Louise Kehn
(First) (Middle) (Last)Otto Richard Kehn
(Parent's Signature)Date April 13 - 52.
(Month) (Day) (Year)

Items to be entered by the local registrar before giving out this form.

0-Rev. 4-51

Mrs Louise Liedke, Kehn (mother)

90602 .50¢ retn.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK